

Commonwealth of Pennsylvania



# Campaign Finance Report

188264

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number : 8700109		Report Filed By :		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST
Name of Filing Committee, Candidate or Lobbyist: LOCAL 0420 IRONWORKERS - IPAL						
Street Address: 1645 FAIRVIEW ST						
City: READING				State: PA		Zip Code: 19606-0000
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X
	ANNUAL REPORT	7.	Year 2015	FILING METHOD ( ) CHECK ONE		PAPER <input checked="" type="checkbox"/> DISKETTE
Name of Office Sought by Candidate:				DATE OF ELECTION		District Number Office Code Party Code County Code
				MO DAY YEAR		
				11 3 2015		(SEE INSTRUCTIONS FOR CODES)
Summary of Receipts and Expenditures from:		MO DAY YEAR	TO		MO DAY YEAR	FOR OFFICE USE ONLY
		10 20 2015			11 23 2015	
A. Amount Brought Forward From Last Report				\$ 20,110.74		
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 209.41		
C. Total Funds Available (Sum Of Lines A and B)				\$ 20,320.15		
D. Total Expenditures (From Schedule III)				\$ 5,200.00		
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 15,120.15		
F. Value Of In-Kind Contributions Received (From Schedule II)				\$ 0.00		
G. Unpaid Debts And Obligations (From Schedule IV)				\$ 0.00		

RECEIVED  
 BY: mak

## AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

30 day of November 20 15

Jodi A. Hoyskaiser

My Commission Expires 01-14-2019

MO DAY JODI A. HOYSKAISER, Notary Public

City of Reading, Berks County

My Commission Expires 01-14-2019

Signature

day of 20

Signature

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Signature of Person Submitting Report

Printed Name

Email

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Signature of Candidate

Printed Name

Email

Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
Detailed Summary Page

<b>Name of Filing Committee or Candidate</b>  LOCAL 0420 IRONWORKERS - IPAL	<b>Reporting Period</b>  <b>From:</b> <u>10/20/2015</u> <b>To:</b> <u>11/23/2015</u>
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<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>		
<b>TOTAL for the Reporting Period</b>	<b>(1)</b>	\$ 209.41

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>		
Contributions Received From Political Committees (Part A)	\$	0.00
All Other Contributions (Part B)	\$	0.00
<b>TOTAL for the Reporting Period</b>	<b>(2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>		
Contributions Received From Political Committees (Part C)	\$	0.00
All Other Contributions (Part D)	\$	0.00
<b>TOTAL for the Reporting Period</b>	<b>(3)</b>	\$ 0.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>		
<b>TOTAL for the Reporting Period</b>	<b>(4)</b>	\$ 0.00

<b>Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)</b>	\$	209.41
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PART A

**CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

**\$50.01 TO \$250.00**

**Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.**

Name of Filing Committee or Candidate			Reporting Period		
			From:	To:	
			DATE		AMOUNT
Full Name of Contributing Committee			MO	DAY	YEAR
Mailing Address					
City	State	Zip Code (Plus 4)			
					\$ 0.00

**Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.**

<b>PAGE TOTAL</b>	
\$	0.00

**PART B**  
**ALL OTHER CONTRIBUTIONS**

**\$50.01 TO \$250.00**

**Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part A)**

Name of Filing Committee or Candidate						Reporting Period			
						From:		To:	
DATE							AMOUNT		
Full Name of Contributor						MO	DAY	YEAR	\$ 0.00
Mailing Address									
City			State		Zip Code (Plus 4)				

**Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.**

<b>PAGE TOTAL</b>	
\$	0.00

**PART C**  
**Contributions Received From Political Committees**  
**OVER \$250.00**

Use this Part to itemize only contributions received from Political committees  
with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period
	From: <span style="margin-left: 100px;">To:</span>

				DATE			AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 0.00	
Mailing Address								
City	State	Zip Code (Plus 4)						

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

<b>PAGE TOTAL</b>
\$ 0.00

**PART D**  
**ALL OTHER CONTRIBUTIONS**  
**OVER \$250.00**

Use this Part to itemize all other contributions with an aggregate value of  
over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting Period
	From: <span style="float: right;">To:</span>

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

<b>PAGE TOTAL</b>
\$ 0.00

## PART E

# OTHER RECEIPTS

**REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.**

**Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.**

Name of Filing Committee or Candidate	Reporting Period
	From: To:

			DATE			AMOUNT	
Full Name			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					
Receipt Description							

**Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.**

<b>PAGE TOTAL</b>	
\$	0.00

**SCHEDULE II**  
**IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**  
**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS**  
**DURING THE REPORTING PERIOD.**  
**Detailed Summary Page**

<b>Name of Filing Committee or Candidate</b>  LOCAL 0420 IRONWORKERS - IPAL	<b>Reporting Period</b>  <b>From:</b> <u>10/20/2015</u> <b>To:</b> <u>11/23/2015</u>
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
<b>TOTAL for the Reporting Period (1)</b>	<b>\$ 0.00</b>
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>	
<b>TOTAL for the Reporting Period (2)</b>	<b>\$ 0.00</b>
<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>	
<b>TOTAL for the Reporting Period (3)</b>	<b>\$ 0.00</b>
<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Reports Cover Page, Item F.)</b>	
<b>\$ 0.00</b>	



**SCHEDULE II**  
**PART F**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period
	From: <span style="margin-left: 100px;">To:</span>

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.							<b>PAGE TOTAL</b> \$ 0.00

**SCHEDULE II**  
**PART G**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OVER \$250.00**

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
LOCAL 0420 IRONWORKERS - IPAL	From <u>10/20/2015</u> To: <u>11/23/2015</u>

			DATE		AMOUNT	
To Whom Paid JOANNE JACKSON FOR LEHIGH COUNTY			MO	DAY	YEAR	\$ 500.00
Mailing Address 4195 ESTATES DRIVE			10	26	2015	
City CENTER VALLEY	State PA	Zip Code (Plus 4) 18034	Description of Expenditure CONTRIBUTION			
To Whom Paid FRIENDS OF BOB MARTIN			MO	DAY	YEAR	\$ 500.00
Mailing Address 1833 KAY DRIVE			10	26	2015	
City ALLENTOWN	State PA	Zip Code (Plus 4) 18106	Description of Expenditure CONTRIBUTION			
To Whom Paid FRIENDS OF JEFF GLAZIER			MO	DAY	YEAR	\$ 500.00
Mailing Address 159 HAMILTON STREET			10	26	2015	
City ALLENTOWN	State PA	Zip Code (Plus 4) 18108	Description of Expenditure CONTRIBUTION			
To Whom Paid AFFA FOR ALLENTOWN			MO	DAY	YEAR	\$ 500.00
Mailing Address 247 NORTH 12TH STREET			10	26	2015	
City ALLENTOWN	State PA	Zip Code (Plus 4) 18102	Description of Expenditure CONTRIBUTION			
To Whom Paid FRIENDS OF DAN MCNEIL			MO	DAY	YEAR	\$ 1,000.00
Mailing Address PO BOX 826			10	26	2015	
City WHITEHALL	State PA	Zip Code (Plus 4) 18052	Description of Expenditure CONTRIBUTION			

<b>To Whom Paid</b> PLAN			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 904 NORTH SECOND STREET			10	26	2015	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17102-3119	<b>Description of Expenditure</b> CONTRIBUTION			
<b>To Whom Paid</b> FISCHER DORWART P.C.			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 16 WEST VASSAR ROAD			11	3	2015	
<b>City</b> AUDUBON	<b>State</b> NJ	<b>Zip Code (Plus 4)</b> 08106-1624	<b>Description of Expenditure</b> ACCOUNTANT FEE			
<b>To Whom Paid</b> FRIENDS OF STEVE SWEENEY			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 300 NORTH MARION AVENUE			11	3	2015	
<b>City</b> WENONAH	<b>State</b> NJ	<b>Zip Code (Plus 4)</b> 08090	<b>Description of Expenditure</b> CONTRIBUTION			
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b> \$ 5,200.00